

# Foster Family Home - Corrective Action Report

Provider ID: 1-160068

Home Name: Rubylyn Fiesta, CNA

Review ID: 1-160068-9

94-1094 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/22/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due on 3/22/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- No Ecrim result present in the CCFFH binder for CG#1.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- No TB clearance result present on CG#3 in CCFFH binder.

41.(b)(8)- CG#3's First Aid certification expired on 7/5/2020 and no current renewal present in the CCFFH binder. CG#1's Bloodborne pathogen certification expired on 7/5/19 and no current renewal seen in the CCFFH binder.

41.(c)- CG#2 was lacking 8 more hours of annual in-service training.

41.(g)- No Basic Skills Checklist present for CG#2 in Client #1's chart.

Foster Family Home	Client Care and Services	[11-800-43]
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43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation present on [REDACTED] for CG#2 in Client #1's chart.

# Foster Family Home - Corrective Action Report

## Foster Family Home

## Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Clients' bedroom windows and a recreation room window located next to clients' bedrooms were missing screens, insects/bugs/mosquitoes can come in through the screenless windows and can possibly bite the clients.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a)- No Emergency Preparedness Plan training present for CG#2 in the CCFFH binder.

50.(e)- No buzzer/intercom system for CTA/agency to inform CCFFH and or have a quick and safe access into CCFFH residence.

## Foster Family Home

## Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- Client #1's Medication Administration Record for the month of January 2021 was not seen in client's chart. CG#1 unable to locate it during CCFFH inspection.

54.(c)(6)- Client #1's ADL/Daily Care Flowsheet was last signed on 2/10/2021.

Maribel Holamine, RN 2/22/2021  
Compliance Manager  
Rudy J. Fierth 2/22/21  
Primary Care Giver  
Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Rubylyn Fiesta

CCFFH Address: 94-1094 kuhaulua st. Waipahu Hawaii 96797

(PLEASE PRINT)

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.a.1	Obtained a new one and filed in home binder. Lapsed cannot be corrected.	3/30/21	Home understand the importance of background check. Will print out dates of expiration for all requirements that are 2 months due before expiration.
41.b.7	Tb Clearance for CG#3 was obtained and filed in home binder.	3/15/21	Home will always check binder and will make a list for the requirements that 2 months due prior expiration.
41.b.8	CPR/First Aid was obtained from CG#3	2/25/21	Home will print out list of requirements with all the expiration date to prevent lapses.
41.c	Obtained annual in-service training from CG#2	2/25/21	Home will always check home binder to make sure all requirements are up to date. Will put a reminder on my phone to prevent lapses.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Rubylyn Fiesta

Date: 4/09/21

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Rubylyn Fiesta

(PLEASE PRINT)

CCFFH Address: 94-1094 Kuhaulua St. Waipahu Hawaii 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.g	Contacted CMA RN to perform basic skills checklist for CG#2. Filed in client #1 chart.	3/01/21	CG#1 will contact CMA RN to perform delegations within 3 days of caregiver being added to home.
43.c.3	CMA RN delegated CG#2. Signed delegation form was file in client #1 chart.	3/01/21	In the future, CG#1 will notify CMA RN to perform MAR delegations within 3 days of caregiver being added to home.
49.c.3	Put back window screen on all the rooms.	2/23/21	I will make sure to put back window screen after cleaning to prevent insects from coming in the home.
50.a	CG#2 was trained in the emergency preparedness plan. CG#2 signed form and filed in home binder.	3/01/21	CG#1 will train all caregivers within 10 days of adding them to home.
50.e	Installed a buzzer outside the gate.	3/05/21	Home will make sure buzzer outside the gate is working for CTA to have quick and safe access to the home.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 4/09/21

☒ CTA has reviewed all corrected items

**CTA RN Compliance Manager:**

Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Rubylyn Fiesta

**(PLEASE PRINT)**

CCFFH Address: 94-1094 Kuhaulua St. Waipahu Hawaii 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.c.5	Was able to locate Medication Administration Record for the month of January 2021. Filed in client#1 chart.	2/23/21	CG#1 will check binders daily to ensure no misplaced documents.
54.c.6	Completed daily flowsheet and filed in client #1 chart.	2/22/21	All caregivers will timely chart and documents daily.

☒ All items that were fixed are attached to this report.

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PCG's Signature:

Date: 4/09/21

☒ CTA has reviewed all corrected items